

He died at the  
age of 29 years  
and 9 days.



Omaha-Douglas County Health Department

Division of Vital Statistics

CERTIFICATE OF DEATH

Card  
Reference

VS-6

FEDERAL SECURITY AGENCY  
UNITED STATES PUBLIC HEALTH SERVICE

SOCIAL SECURITY NO. \_\_\_\_\_

<b>1. PLACE OF DEATH:</b> (a) County <u>Douglas</u> (b) City or town <u>Omaha</u> (c) Name of hospital or institution: <u>St. Joseph Hospital</u> (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or institution _____ (Specify whether _____) In this community _____ years, months or days			<b>2. USUAL RESIDENCE OF DECEASED:</b> (a) State <u>Iowa</u> (b) County _____ (c) City or town <u>Matlock</u> (If outside city or town limits, write RURAL) (d) Street No. _____ (If rural give location) (e) If foreign born, how long in U. S. A. ? _____ years		
3(a) FULL NAME <u>Henry Fegenberg</u> 3(b) If veteran, _____ name war _____			<b>MEDICAL CERTIFICATION</b> 20. Date of death: Month <u>AUGUST</u> day <u>24</u> 19 <u>11</u> hour _____ minute _____ 21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____ that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above		
4. Sex <u>Male</u> 5. Color or race <u>White</u> 6(a) Single, widowed, married, divorced <u>single</u>	6(b) Name of husband or wife _____ 6(c) Age of husband or wife if alive _____ yrs.		7. Birth date of deceased <u>August 15 1882</u> (Month) (Day) (Year)		Duration _____ Immediate cause of death <u>Valvular Heart Disease Accident</u> Due to _____ Due to _____ Other conditions (include pregnancy within 3 months of death) _____ Major findings: _____ Of operations _____ Of autopsy _____
8. AGE: Years <u>29</u> Months _____ Days _____ If less than one day _____ hr. _____ min.	9. Birthplace <u>Moline, Illinois</u> (City, town, or county) (State or foreign country)		10. Usual occupation <u>Bridge Carpenter</u>		
11. Industry or business _____ 12. Name <u>Herman</u> 13. Birthplace <u>Germany</u> (City, town, or county) (State or foreign country)			14. Maiden name <u>Augusta Karlboark</u> 15. Birthplace <u>Poland</u> (City, town, or county) (State or foreign country)		
16. (a) Informant's own signature _____ (b) Address _____			17. (a) <u>Burial</u> (b) Date thereof <u>AUG. 26</u> (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation <u>Matlock, Iowa</u> <u>L.A. Hoffmann</u>		
18. (a) Signature of funeral director _____ (b) Address _____			19. (a) <u>Prior to 12/31/11</u> (b) _____ (Date received local registrar) (Registrar's signature)		
22. If death was due to external causes, list in the following: (a) Accident, suicide, or homicide specify _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) While at work? _____ (e) Means of injury _____			23. Signature <u>J.P. Lord</u> (M. D. or other) _____ Address _____ Date signed _____		

This certifies this document to be a true copy of an original record on file with the Vital Statistics Section of the Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date issued: JAN 23 1935

*Daniel J. Frothingham, M.P.H.*  
(Registrar)